OCT 26 1928 Pressnal

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30131

1. PLACE OF DEATH
County Dunklin Registration District No. 288
Township Independence Primary Registration District No. 4172
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME William Franklin Dawson

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Sanders Dawson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28-1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	11	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Green County
(STATE OR COUNTRY) Arkansas

PARENTS

10. NAME OF FATHER Geo. W. Dawson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

14. INFORMANT Mrs. Wm. F. Dawson
(Address) Senath, Mo

15. FILED 10/1, 1928 E. L. Spence
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/30 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-10, 1928, to 9/30/28, 19..., that I last saw him alive on 9/30, 1928, and that death occurred, on the date stated above, at 9:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) 1a
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) U. W. Pressnell, M. D.
, 19 (Address) Kennett Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Liberty
DATE OF BURIAL: 10/1 1928

20. UNDERTAKER: Baldwin Funeral
ADDRESS: Kennett, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

28
25/78